



Office of Public Instruction  
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**EVALUATION PLAN**  
**NOTICE OF INTENT TO CONDUCT AN EVALUATION OR**  
**REEVALUATION**  
**and**  
**PERMISSION FOR EVALUATION OR REEVALUATION**

TO: \_\_\_\_\_  
(Parent / Adult Student)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Name of Student) Date of Birth

Has been referred for comprehensive evaluation for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The tests and other evaluation procedures to be used to assess your child are marked below:

☐ **ACADEMIC ACHIEVEMENT:** Individually administered diagnostic tests in early literacy, reading, language, math and written language to determine skills in the above areas.

☐ **ASSISTIVE TECHNOLOGY/SERVICES:** Needs for assistive devices and services in order to benefit from special education services.

☐ **BEHAVIORAL:** Assessment and/or observations to identify supports and strategies to address behavioral needs.

☒ **CLASSROOM-BASED ASSESSMENT\*:** Involvement and progress in general education curriculum (i.e., reading, math, etc.). \_\_\_\_\_

**\* Required**

☐ **COMMUNICATION:** Individual tests of speech and/or receptive and expressive language skills.

☐ **DEVELOPMENTAL:** Individually administered tests and/or structured observations measuring typical child development of preschool-age students or others as appropriate.

☐ **FUNCTIONAL BEHAVIOR ASSESSMENT:** Assessment and/or observations to identify supports and strategies to address behavioral needs.

☒ **OBSERVATIONS\***

☐ **PHYSICAL:** Visual and hearing acuity; gross and fine motor development; orientation/mobility; blindness/visual impairment (need for Braille instruction).

☐ **PSYCHOLOGICAL:** Individually administered intelligence tests and measures of adaptive behavior designed to help determine the student's ability to function in an academic setting. \_\_\_\_\_

☐ **SOCIAL/EMOTIONAL:** Checklists, tests and observations to determine social skills and emotional status of the student. \_\_\_\_\_

☐ **TRANSITION:** Assessments of training, education, employment, or independent living skills.

☐ **OTHER: (specify)** \_\_\_\_\_

If you have any questions about your rights, or any part of the Special Education process, please contact your school administrator or cooperative personnel. Please respond to this request for Permission for Evaluation as soon as possible.

I understand the reason(s) for the evaluation and the description of the tests and other evaluation procedures and have checked the appropriate box below. If this is the initial evaluation of my child I have received the pamphlet **PROCEDURAL SAFEGUARDS IN SPECIAL EDUCATION UNDER IDEA.**

☐ Permission is **given** to conduct the evaluation. \_\_\_\_\_  
Parent / Adult Student Date

☐ Permission is **denied**. \_\_\_\_\_  
Parent / Adult Student Date

\_\_\_\_\_  
School Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date Sent

\_\_\_\_\_  
Date Returned